

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

SERIAL NO.

APPLICANT

FILED DATE

29794098

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
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44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL NO.			2			
TOTAL OFF.			20			
TOTAL			22			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
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TOTAL NO.						
TOTAL OFF.						
TOTAL						